

Name  
in  
Full

CERTIFICATE OF DEATH

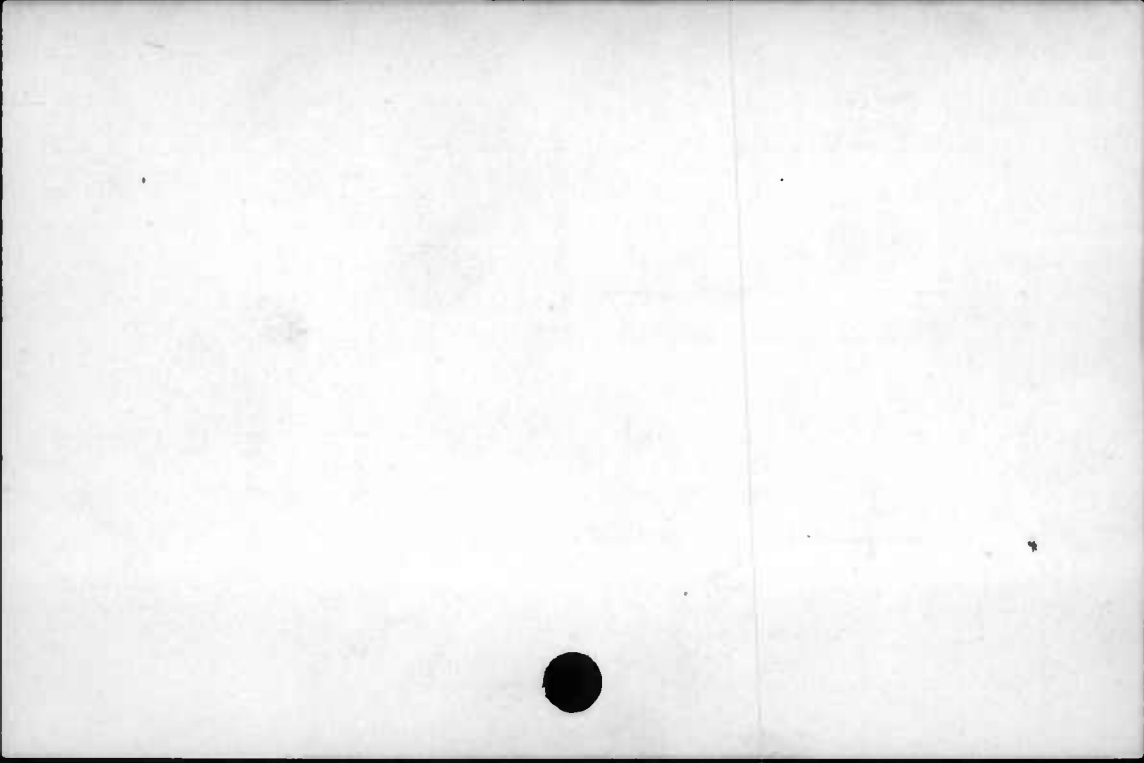
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Mt Harmony</i>		<i>Boose</i> County <i>Calvert</i>		MARYLAND	
Date of death	1906	Month	May	Day	1
Sex	Female	Color or Race	Colored	Birth-place	Mt Harmony
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	<i>John Jones John Boose</i>			Father's Birthplace	" "
Mother's Maiden Name	—			Mother's Birthplace	" "
Name of person giving information	<i>Samuel Coats</i>			How related to deceased	Friend

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate <i>Heart Failure</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
<i>Yes</i>	<i>Mary Thomas Midwife</i>
	Address
	<i>Mt Harmony Md</i>
Accident or Suicide?	
<i>No</i>	<i>J. P. Ward</i>



Name  
in  
Full

John Dixon.

5/4/III

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Port Republic</u> Town		County <u>C. D.</u>			
Date of death <u>1906</u> Month <u>May</u> Day <u>Wed 16</u>		Age <u>77</u> Years		Months <u>—</u> Days <u>—</u>	
Sex <u>Dark.</u>		Color or Race		Birth-place	
Occupation <u>Farmer,</u>		Where Residing if not at place of death <u>His</u>			
Married, <u>Single</u> or <u>Widowed</u>		Name of Wife or Husband <u>Alaether Dixon.</u>			
Father's Name <u>Passier Dixon</u>		Father's Birthplace			
Mother's Maiden Name <u>Mary Dixon.</u>		Mother's Birthplace			
Name of person giving information <u>Alaether Dixon.</u>		How related to deceased			

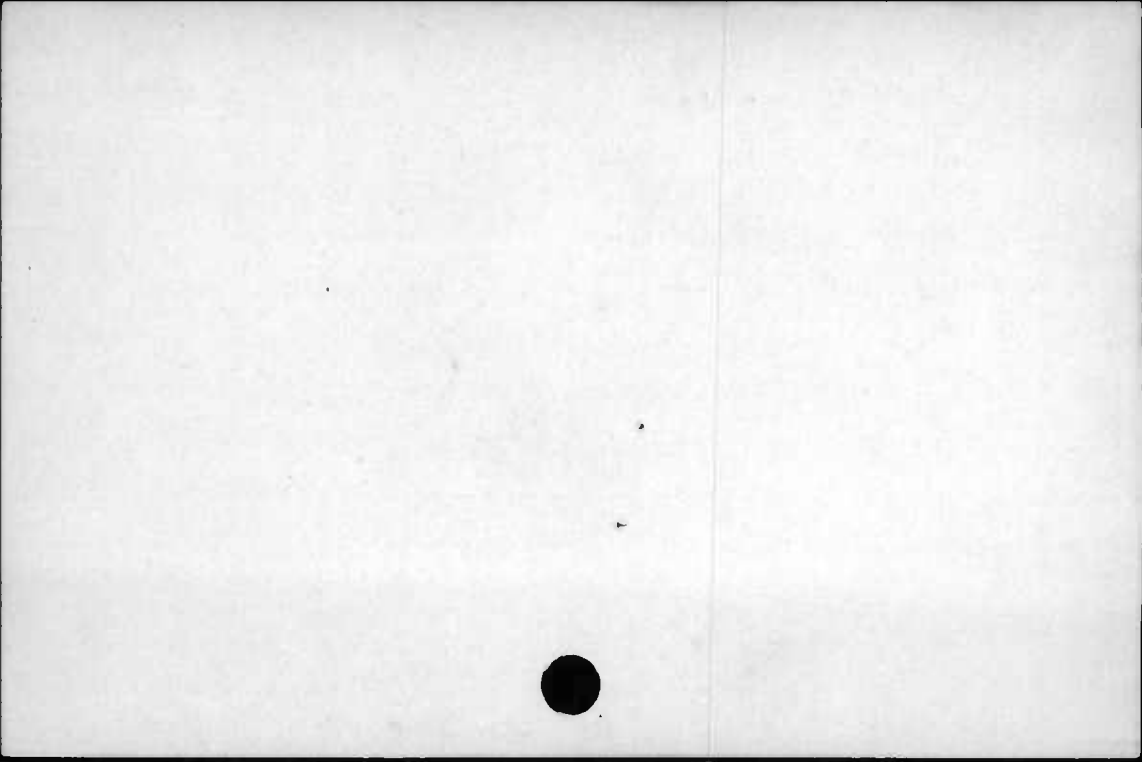
CAUSES OF DEATH

Weakness.

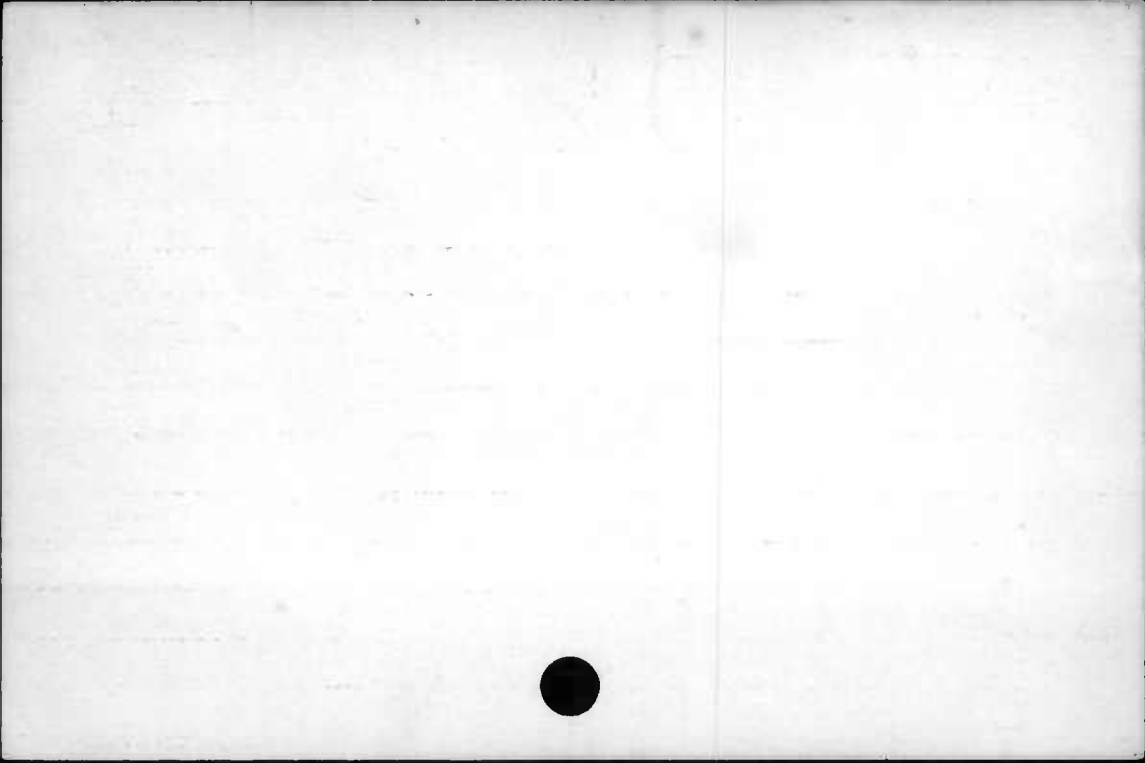
PHYSICIAN  
OR CORONER

Primary <u>Senile debility</u>		How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide? <u>John</u>		<u>J. Brooks.</u>	

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Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Solomons</i> <small>Town</small>		<i>Calvert</i> <small>County</small>	
		Date of death <i>1906</i> <small>Year</small> <i>May</i> <small>Month</small> <i>23</i> <small>Day</small>		<i>74</i> <small>Years</small> <i>9</i> <small>Months</small> <i>9</i> <small>Days</small>	
		Sex <i>Male</i>		Color or Race <i>White</i>	
		Occupation <i>Carpenter</i>		Birth-place <i>Farmington</i> <small>Sumner Co. Md.</small>	
		Where Residing If not at place of death <i>A</i>			
		Married, Single or Widowed <i>Widowed</i>		Name of Wife or <del>Husband</del> <i>Sarah Ann Hudson</i>	
		Father's Name <i>Erasmusbury Folling</i>		Father's Birthplace <i>Dorchester Co. Md.</i>	
Mother's Maiden Name <i>Comfort Cannon</i>		Mother's Birthplace <i>Dorchester Co. Md.</i>			
Name of person giving information <i>Edward H. Jones</i>		How related to deceased <i>Son in law.</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <i>Hypertrophy of Prostate</i>		How long <i>125</i>	
		Immediate <i>Exhaustion</i>		How long <i>1 week</i>	
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Dr. J. O. H. March</i>	
				Address <i>Solomons, Md.</i>	
		Accident or Suicide? <i>?</i>			



Name  
in  
Full

Harriet Gray

## CERTIFICATE OF DEATH

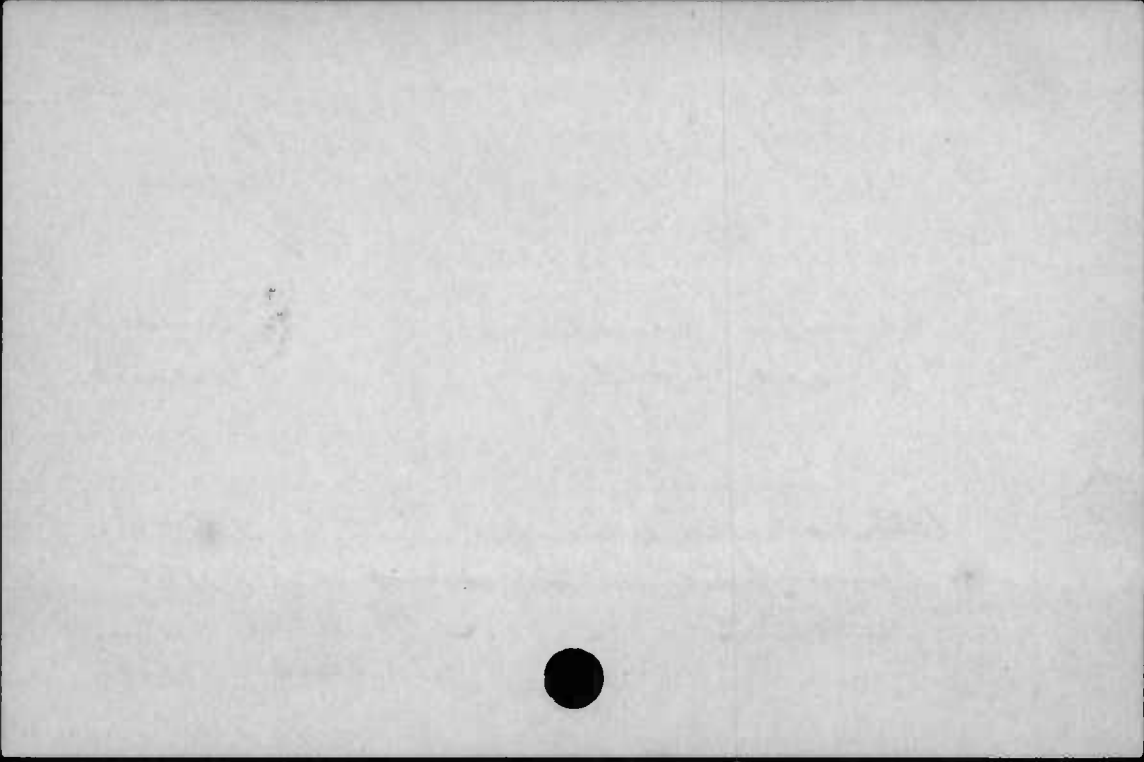
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Mt Harmony</i>		<sup>County</sup> <i>Calvert</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>5</i>	Day <i>9</i>	Age Years <i>91</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>md</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Robert Gray</i>				
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>Frank Giles</i>			How related to deceased <i>Friend</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Senile debility</i>	How long <i>Several yrs</i>
Immediate <i>Heart Failure</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>L Brayshaw</i>
	Address <i>Friendship Md</i>
Accident or Suicide?	





Name  
in  
Full

## CERTIFICATE OF DEATH

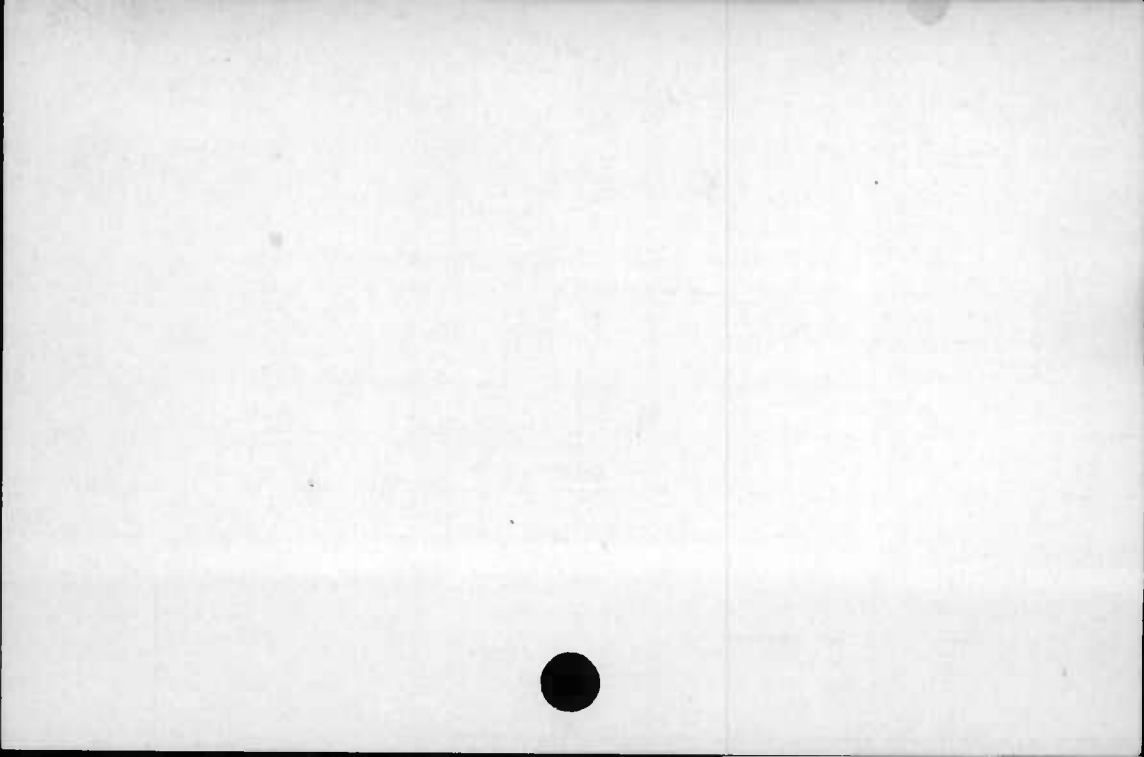
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>John W. Hall</i>		Town <i>Holland Pt</i>		County <i>Calvert</i>		MARYLAND			
Died at <i>Holland Pt</i>		Date of death <i>1906</i>		Month <i>May</i>	Day <i>14</i>	Age <i>1</i>	Years <i>1</i>	Months <i>1</i>	Days
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Calvert Leo</i>					
Occupation				Where Residing if not at place of death					
Married, Single or Widowed				Name of Wife or Husband					
Father's Name <i>Charley Hall</i>				Father's Birthplace <i>Calvert Leo</i>					
Mother's Maiden Name <i>Essie Hall</i>				Mother's Birthplace <i>Calvert</i>					
Name of person giving information				How related to deceased					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Whooping Cough</i>	How long <i>1 mo</i>
Immediate <i>Brecho Pneumonia</i>	How long <i>2 wks</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. M. King</i>
	Address <i>Barton Md.</i>
Accident or Suicide?	



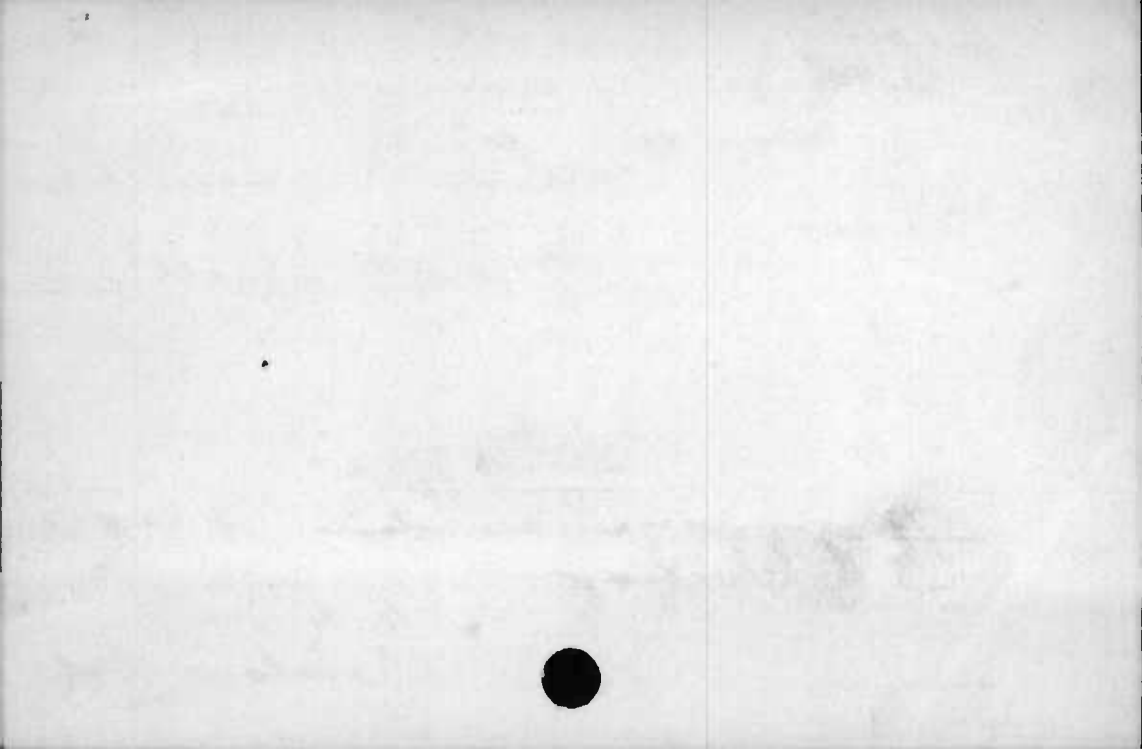
Name  
in  
Full6-  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Clarence E. Hardman 5/4/IV  
 Died at Stevins Town Patterson County Walden Calvert MARYLAND  
 Date of death 1906 Month May Day 39 Age 2 Years 1 Months 1 Days  
 Sex Female Color or Race Calvert Birthplace Calvert Co  
 Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_  
 Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband none  
 Father's Name John H. Hardman Father's Birthplace Calvert Co  
 Mother's Maiden Name E. E. Donnell Mother's Birthplace "  
 Name of person giving information John H. Hardman How related to deceased father

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Ill from from birth How long \_\_\_\_\_  
 Immediate \_\_\_\_\_ How long \_\_\_\_\_  
 Are the name, age, sex, color, date and place correctly given above? \_\_\_\_\_ Signature of Physician \_\_\_\_\_  
 Address \_\_\_\_\_  
 Accident or Suicide? \_\_\_\_\_ D. Brooks & Co.



Name  
in  
Full

Albert Mackall

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Bartow</i> <sup>Town</sup>		<i>Lealvert</i> <sup>County</sup>		MARYLAND	
Date of death <i>1906</i>	Month <i>May</i>	Day <i>15</i>	Years <i>47</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Lealvert la</i>		
Occupation <i>Laborer</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Mary Mackall</i>			
Father's Name <i>—</i>		Father's Birthplace			
Mother's Maiden Name <i>—</i>		Mother's Birthplace			
Name of person giving information		How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>2 yrs</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. M. King</i>
	Address <i>Bartow, Md.</i>
Accident or Suicide?	



Name  
in  
Full

Charles H. Ransby 5/4/10

3  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Died at Island Creek

Town

Calvert

County

MARYLAND

Date

of death 1906 May

Month

Day

9

Years

Age

39

Months

Days

Sex

male

Color or  
Race

colored

Birth-  
place

Calvert Co

Occupation

non-insane

Where Residing if not  
at place of death

"

"

Married, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

James Ransby

Father's  
Birthplace

Calvert Co

Mother's  
Maiden Name

Rebecca Barton

Mother's  
Birthplace

" "

Name of person giving  
information

Rebecca Barton

How related  
to deceased

mother

## CAUSES OF DEATH

Consumption

PHYSICIAN  
OR CORONER

Primary

How long

Immediate

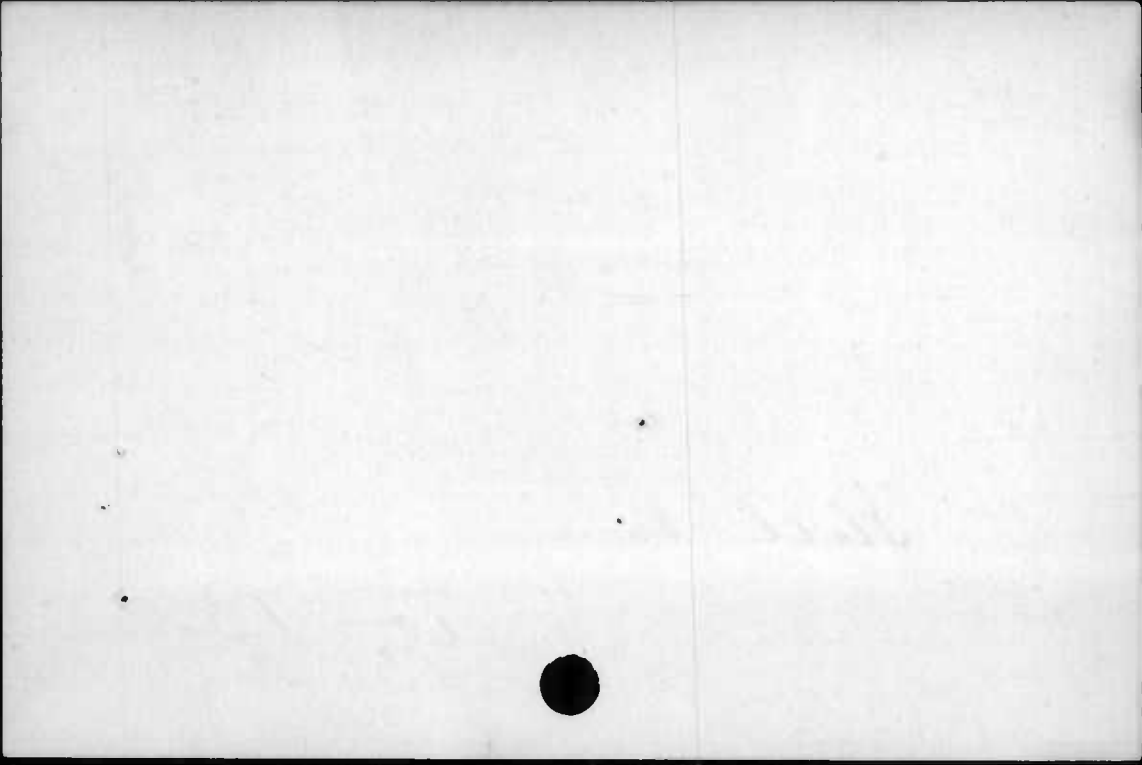
How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

Accident or Suicide?

L2 Broken &amp; Bruised





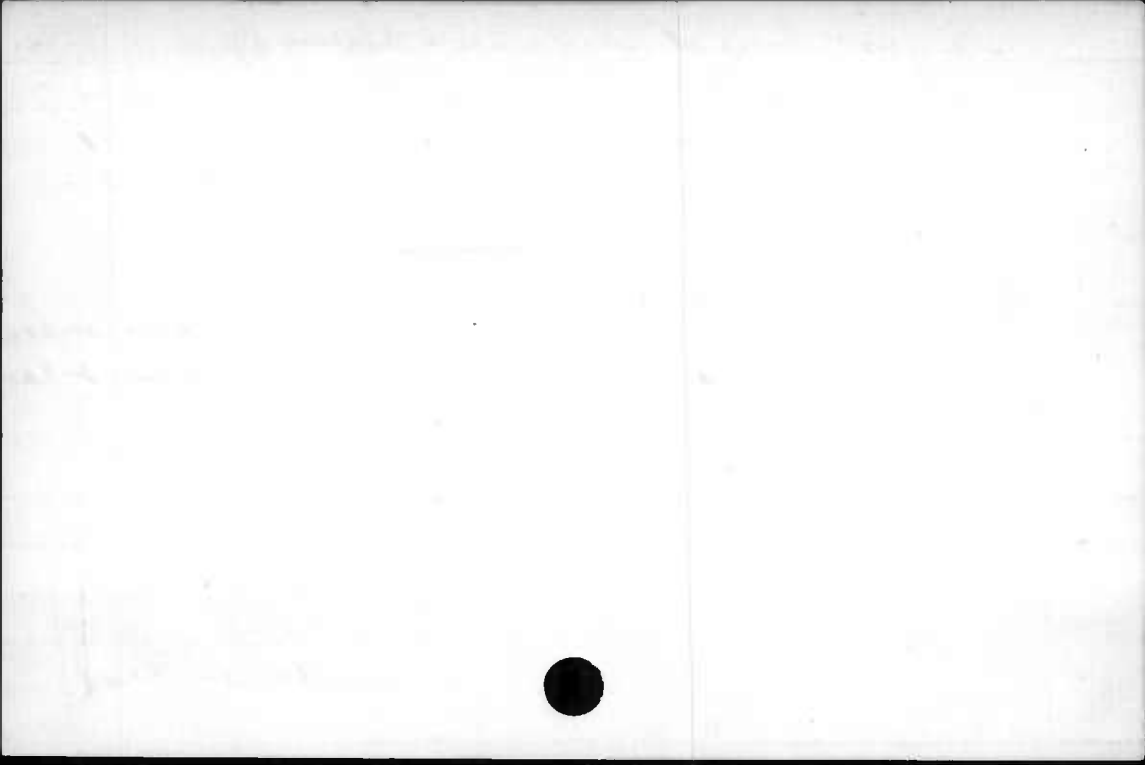
Name  
in  
FullSteel born *Superior* *Willet*

## CERTIFICATE OF DEATH

Died at <i>Acclevin</i> <sup>Town</sup>		<i>locust</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>L</i>	Month <i>May</i>	Day <i>11</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>
Sex <i>Female</i>	Color or Race <i>over</i>		Birth-place <i>Acclevin</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>locust</i>		
Married, Single or Widowed		Name of Wife or Husband <i>—</i>			
Father's Name <i>Swatt Willett</i>			Father's Birthplace <i>locust</i>		
Mother's Maiden Name <i>Laura Groves</i>			Mother's Birthplace <i>...</i>		
Name of person giving Information <i>Emma Rhodes</i>			How related to deceased <i>mother</i>		

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Still born</i>	How long
	Immediate		How long
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Wm. Boon</i>
			Address <i>Boon, Md.</i>
Accident or Suicide?			



Name  
in  
Full

Unnamed Infant (Wood)

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Port Republic</i> <sup>own</sup>		<i>Calvert</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1906</i>	Month	<i>May</i>	Day	<i>14</i>
Age		Years		Months	Days
Sex	<i>Male</i>	Color or Race	<i>white</i>	Birth-place	<i>Calvert</i>
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			<i>Wesley Wood</i>		
Mother's Maiden Name			<i>Bessie Altone</i>		
Name of person giving information			How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Premature Birth</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
		<i>L. M. King</i>
		Address
		<i>Bartons Md.</i>
Accident or Suicide?		

